

PHYSICAL EXAMINATION

Student Name _____ Age _____ Exam Date _____

Height _____	Weight _____	BP _____ / _____	Pulse _____
Vision R20/ _____	L20/ _____	Corrected: Y N	
	Normal	Abnormal findings	Initials
HEENT			
Pupils equal?			
Heart			
Pulses			
Lungs			
Abdominal			
Testicles/hernia			
Musculoskeletal (Symmetry?ROM?Strength?Flexibility)			
Neck			
Back			
Shoulder			
Elbow			
Wrist			
Hand			
Hip			
Knee		R MCL R ACL L MCL L ACL	
Ankle		R ANT DRAWER L ANT DRAWER	

- No restriction for sports participation
- Clearance withheld pending attached verification of rehabilitation/evaluation for _____
- Limited participation. Not cleared for the following types of sports:
 - Collision Non-contact Strenuous
 - Contact Non-strenuous Very strenuous
- Minimum wrestlers weight: High School (circle) 101 191
 Middle Level/Junior High (circle) 65 175
- Was body fat measured? _____

Recommendations: _____

x Examiner's Signature _____ Date _____ Phone _____

Print Name and Address _____



Pre-participation Physical Evaluation

Student Name & School _____

Athletic Ins. Pd
ASB Pd

Name _____
Parent/Guardian/Custodian

Date _____

Address _____

Phone _____ Work _____ Cell _____ Birthdate _____ M _____ F _____

Healthcare Provider _____ Phone _____

Sports _____ Grade _____

Name of person to notify if parent/guardian/custodian can't be reached _____ Phone _____

Medications (taken regularly) _____

Allergies: Medicine _____

Bee Sting _____

Last Tetanus Shot _____ (Year)

Other _____

HISTORY:

Explain "Yes" answers below:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you had a medical problem or injury since your last evaluation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been in the hospital or had an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been dizzy or passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had high blood pressure, a heart murmur or irregular heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has anyone in your family died of heart problems or a sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been knocked out or unconscious, had a head injury, or a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a "stinger," "burner," or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever had muscle cramps, heat exhaustion or heat stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble breathing or do you cough during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had asthma, diabetes, mono or other medical problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you missing an eye, kidney or testicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a sprain, strain, dislocation, stress fracture, joint swelling or broken bone? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> neck <input type="checkbox"/> back <input type="checkbox"/> shoulder <input type="checkbox"/> elbow <input type="checkbox"/> wrist <input type="checkbox"/> hand | | |
| <input type="checkbox"/> hip <input type="checkbox"/> thigh <input type="checkbox"/> knee <input type="checkbox"/> shin/calf <input type="checkbox"/> ankle <input type="checkbox"/> foot | | |

Explain "Yes" answers: _____

I hereby state that, to the best of my knowledge, the answers to the above questions are correct.

My signature also authorizes the coach or other responsible official to obtain emergency medical care for my child should such become necessary when I am not immediately available. This Physical examination is intended to evaluate individuals for safe participation in sports, and should not substitute for routine healthcare.

Date Signature of Athlete Signature of Parent/Guardian/Custodian

The Washington Interscholastic Activities Association requires that, during the twenty-four month period prior to first participation in interscholastic athletics in a middle high school, and prior to the first practice for participation in a high school, a student shall undergo a thorough medical examination and be approved for interscholastic athletic competition by a medical authority licensed to perform a physical examination. For each subsequent twenty-four month period, a student shall furnish a statement, signed by a medical authority licensed to perform a physical examination, which provides clearance for continued athletic participation.

The school district urges you to provide student insurance in case of injury. You may select either the insurance offered through the district or your own family insurance.

Please sign below if you wish to give your permission for your child to take part in the school's athletic program.

I approve of my child's participation in athletics in the Central Valley School District's athletic program and I will assume all financial responsibilities not covered by my child's school insurance or my family insurance for injuries received while s/he is training for or playing athletic games. I also give my permission for my child to receive emergency treatment of an injury by any physician designated by a school official.

The physical examination must be completed by a medical authority licensed to perform a physical examination.

Signature of Parent/Guardian/Custodian